

The Experience of Mothers Adopting Through the Foster Care System

Joanne Quinn-Beers, D.S.W.

Adelphi University

Garden City, NY

Statement of the Research Problem

This qualitative study presents an exploration of the experience of mothers adopting through the foster care system. It provides a portrait of an important, yet overlooked, perspective on mothering, adoption, and the child welfare system.

Little is known about women who adopt, particularly those who adopt through the foster care system. How they experience the adoption process, how adoptive mothers address the stigma of adoption, how becoming a parent through adoption impacts the experience of mothering, and how women who adopt through foster care deal with the challenges that come with mothering a child who brings a complex history to the relationship. These are a few of the questions not fully addressed by the literature.

Because many of the children adopted through the foster care system are identified as having special needs, this route of adoption presents unique challenges to parents including children with physical and emotional needs resulting from parental drug and alcohol abuse; older children with attachment disorders resulting from repeated removals from biological parents and multiple placements or physical and sexual abuse, and strained interactions with birth parents (Eanes & Fletcher, 2006; McDonald, Propp, & Murphy, 2001; Redding, Fried, & Britner, 2000). Children often come with complicated social, psychological, and medical pasts (Howe, 2001). Mothering a child with significant behavioral problems is challenging for any woman regardless of adoption or biological status. However a mother/child relationship established through adoption, particularly the adoption of an older child, adds the child's own complicated history to the relationship (Bird, Peterson, & Miller, 2002; McDonald, et. al., 2001).

Ambiguity and uncertainty of placements with unclear outcomes remain the norm of foster care parenting and adoption. The lack of a clear distinction between foster homes and pre-adoptive placements, indeed the inability to separate the adoption experience from the fostering experience, contributes to the ambiguity that can

exacerbate the emotional pain experienced by women who adopt through the foster care system. While the focus is on the child, one must also consider what the implications are for the mother's experience, since her role in the foster and adoption process is so vital.

Exploring the unique challenges of adopting through the foster care system through the eyes of adoptive mothers is important not only because these women are responsible for the care of some of our most vulnerable children but also because they are individuals with their own needs, as women and mothers, who stand apart from their children and are worthy of our consideration (Featherstone, 1999; Hutchison, 1992).

Research Background

Adoption is the taking in of a child to one's family through the legal system and raising that child as one's own (Webster's New World College Dictionary, 2002). Adoption occurs when the biological parents of a child are unable or unwilling to care for the child. Foster care adoptions occur after a child has either been removed from the home and parental rights terminated as a result of abuse or neglect, or, due to the absence of a biological parent due to death, illness or abandonment (in some instances due to long-term imprisonment).

The face of adoption in the United States has been changing. While the overall number of adoptions has remained consistent (approximately 127,000 each year), the origins of adopted children have changed markedly from 1992 to 2001, the most recent statistics available with the number of children adopted through the foster care system constantly growing (NAIC, n.d.). Social changes, including increased use of birth control among young women and increased services for adolescent mothers, have led to a decrease in the number of infants available for adoption privately (EBDAI, n.d.); thus, many seeking to adopt a child have turned to avenues other than private adoption. At the same time, a growing sense by child welfare professionals that children were languishing too long in foster care with detrimental effects (Ross, 2006), led to a shift in adoption policy away from the emphasis on *reunification* (or keeping biological families together at all costs) to *permanency* in placement of children in new homes.

Adoption, historically a mostly private affair, has become a subject of major public policy and federal interest. The federal government has, in recent years, enacted legislation that is designed to increase the occurrence of adoption nationally, particularly of children in the foster care system. Federal guidelines maintain that termination of parental rights, the first step in deeming a child free for adoption, does not occur until a child has been in care for 15 of the last 22 months. Yet, despite the shift towards an emphasis on permanency, reunification with birth families remains the primary objective of foster care placement (Ross, 2006). New foster parents are told to anticipate that the child (with the exception of those who are already "freed for adoption" at the time of

placement) will return to their birth family. *Concurrent planning* occurs when caseworkers begin to consider terminating parental rights and begin an adoption plan at the same time they continue efforts towards reunification. As a result, there is no longer a clear distinction made between foster homes and pre-adoptive homes which results in many women fostering children they will eventually adopt. However, the ambiguity that results from concurrent planning and the lack of legal status for foster parents leads to a “fuzzy foster parenting ...that differs from the role of an ordinary bio-parent, but is not quite like an adoptive parent either” (Isomaki, 2002, p.625).

Adoption literature, in general, is confusing, often conflicting, and frequently focuses on the children of adoption. Other members of the “adoption triad” are less studied. Research is based largely on a deficit model that emphasizes problems experienced by adoptive parents and adoptees (Wegar, 2000). Factors such as pre-adoption experience, hereditary traits, have often not been taken into account when considering the impact of adoption on the individuals involved (Priel, Melamed-Hass, Besser, & Kantor, 2000; Smith 2001). Few studies consider the impact of adoption on the adoptive mother yet, given the social stigma associated with adoption, the complexities of an older child’s pre-adoption history, presence of a family of origin, and the arduous and intrusive adoption process, the experience of an adoptive mother is surely complex. The limited literature on adoptive mothers suggests a variety of challenges including dealing with issues of their authenticity as mothers, the presence of others in the adoption process, the fear of losing one’s child to their families of origin, and ongoing issues of loss. Recent studies suggest adoptive parenting, while generally positive, may differ in ways from biological parenting. How does she experience the role of mother when her child comes to her with a history she had little to do with? Do the challenges affect her sense of herself as a mother? Did she feel prepared for the challenges that she faced? What do adoptive mothers of older children bring from their own history to the process that contributes to the experience? These questions remain unanswered. Understanding of the experience of adoptive mothers remains a gap in the literature on adoption.

This study was intended to address this gap in knowledge by seeking to understand the experience of adopting through the foster care system from the mother’s perspective. Focus on documenting this lived experience from adoptive mothers’ viewpoints will provide us with better understanding of their needs and strengths. Such understanding will assist us in developing services to prepare these women prior to the adoption for the challenges they face as well as help them effectively meet the challenges throughout the process. Greater understanding may lessen stigmatization by health care professionals and the larger community as well (Kirk, 1984; Miall, 1996, Wegar, 2000).

Methodology

Due to the lack of information in the literature as well as the potentially sensitive nature of the material, a qualitative study, which seeks to paint a portrait of an experience rather than test a specific hypothesis, was undertaken. Qualitative research can give practitioners a genuine picture of these women's experience allowing for developing interventions to benefit all those involved in the foster and adoption process.

Because the focus of the study was on an experience unique to women, and there was a desire to give voice to a group so overlooked in the literature, the study was guided by feminist inquiry. While feminist qualitative research is highly diverse and has continued to evolve over the last several decades (Olesen, 2000), the focus of feminist theorists on women's *experience* is consistent with the qualitative methodology and its aims to capture a "lived experience" (Padgett, 2008, p. 16), give voice to the participants, frequently using their own words (Hyde, 1994) and explore the ways larger social and political institutions impact women's lives (Gregg, 1995). Emphasis in feminist inquiry is on identifying oppressive circumstances and "setting the stage for other research, other actions, and policy that transcend and transform" (Olesen, 2000, p. 215). Participants were seen as the true experts on the subject under exploration. My status as an adoptive mother was shared with participants and my experiences in that role clearly "entered the room" and impacted the study, perhaps enhancing a feeling of connectedness that encouraged participants to be more open. Issues of power and the ways in which larger social and political institutions impact women's lives were considered.

The research constructs used for this study are defined as follows:

Adoptive Mothers Women who have completed the adoption process and are currently raising a non-biological child(ren) as their own.

Older Child(ren) Older child will be defined as a child adopted between the ages of two and twelve years old at the time of the finalization of the adoption. This will capture those women who are experiencing the challenges associated with adopting older children who come to adoption with a difficult social or medical history and avoid those who are experiencing the normal challenges of parenting any adolescent.

Foster Care System This refers to the publicly funded system, generally state based, that is charged with protecting the welfare of minor children, including the removal of children from their biological families, as necessary for their safety and general welfare, and placement, either temporary or permanent, with another family or series of families expected to provide for the child's emotional and physical needs.

Nineteen women were recruited through foster/adopt advocacy groups in two suburban New York counties yielding a non-representative convenience sample. Participants were interviewed in their homes on two separate occasions. Interviews were tape recorded. While beginning with an interview guide, participants were given broad

range to speak at length about the experience of adopting through foster care. Data analysis began as each interview was transcribed by this researcher shortly after each meeting. Data reduction began with open coding by reading each transcribed interview and underlining words or phrases that appeared particularly relevant (“I wanted to save a child”). Data was further reduced by a second review of each transcript and identification of concepts suggested by key phrases (“motivation to adopt”).

Participants ranged in age from 40 to 65.4 years old with a mean age of 48.8 (SD= 6.7). Marital status varied (14 married, 1 divorced, two widowed and 2 were single (both lesbian relationships at the time of the adoption and the interview). Seventeen participants were self-identified as Caucasian, one as Black, and one as Hispanic. There were both trans-racial and same race adoptions among the sample. Formal education ranged from high school graduates through a graduate degree. Income ranged from approximately 30,000 to 160,000 dollars annually with a mean of 82,444 (SD= 31,740).

The length of participants’ involvement with the foster care system ranged from 2.5 to 33 years with a mean of 11.7 years (SD = 8.4). The number of children in the family ranged from one to fifteen, including both biological and adopted children. The number of children adopted through the foster care system ranged from one to eight with a mean of 3.1 (SD = 2.2) with an overall total of 59. Children were placed in their adoptive homes at the age of newborn to 17 years old. Adoptions occurred at the ages of 2 years to 18 years. The length of time in the home prior to adoption was one to eight years with the mean of 3.7 (SD = 2.3) years in placement prior to adoption. Fourteen women had biological children prior to adopting through the foster care system (See Table 1).

A code book, ultimately consisting of 22 themes and 361 variables was developed; as coding progressed variables were clustered into general concepts and broad themes began to emerge, until two primary findings were identified. While saturation occurred after the twelfth or thirteenth interview, interviewing continued in order to verify the findings.

Two interviews separated by time helped to ensure the consistency of participants’ statements and the dependability of findings. Reflexivity (self-examination) was important in establishing trustworthiness, as was feedback from participants regarding the findings (member checking) and consultation with peers. Much of the findings are presented in the participants’ own words thereby maximizing the validity of the findings.

Results

There were two primary findings in this research, the general satisfaction the women experienced in raising the children adopted through the foster care system and the

frustration and emotional pain endured by the participants during the process from placement to adoption. While each woman had her own story to tell, her own unique perspective that informed her overall experience, these themes were consistent throughout the interviews of all participants, regardless of race, ethnicity, or socioeconomic status. While these themes were interconnected, they will be addressed separately.

Satisfaction in Mothering The first finding, contrary to anticipation, was the satisfaction experienced in mothering children adopted through foster care which was expressed by all participants in this study. The sense of satisfaction in mothering the children adopted through foster care, emerged in three general areas: child focused (focus on the impact on the child); self focused (focus on the mother's subjective experience); and "meant to be" (the sense that there was some force beyond participants awareness or control).

The child-focused aspects of satisfaction in mothering were: a deep emotional bond with the child as seen through direct expressions of love (*"You just have this feeling, from the minute they...come through the door...and you fall in love with them..."*), a sense of belonging (*"I just...it's just like I knew these were mine and it didn't matter to me that they had other family, or whatever, it's the connection that mattered."*) and the process of bonding with the child (*"I think as soon as you start taking care of a child and tucking her in night and knowing, you know, her likes and dislikes...you just form such a bond with the child that you can't help but getting attached"*). Child focused satisfaction also emerged as participants considered their adopted children the *same as biological* children by equating adoption with giving birth or "forgetting" a child was adopted (*"There's really no difference. We have to stop and think, sometimes...even my older kids, they just forget sometimes... because there is just like no difference. I can't explain it. It's the strangest, nicest feeling."*).

For many participants, an important component of their satisfaction with the adoption of their child or children through the foster care system was self-focused with perceived gains for themselves resulting from the experience of mothering these children. All participants spoke of gaining significantly from the experience. Self-focused factors of satisfaction were expressed in the following ways: new meaning given to one's life by "making a difference" (*"Taking a child who is in pain, suffering, needy, and making them a happy child...that's my reward."*), achieving closure with one's early personal history (*"So, I promised my God, when I was little, I would like to do that some day...So, umm, those early experiences made me convinced that kids can't be out there on their own..."*) and harmony with one's self-perception either as mother (*"For me it's my whole world. I can't even...I don't know what else I would be if I wasn't a mother."*) or as a fighter/advocate (*"I'm armed. I'm these kids best advocate. When they all have special needs, I'm there. I get everything for them, you know."*).

Satisfaction in mothering a child adopted through foster care also emerged in the comforting and reassuring sense that a child's placement and ultimate adoption was "meant to be". This notion was pervasive throughout the interviews participants recounted the process of adopting through foster care. Participants' role as mothers or caregivers for these children was seen as pre-ordained or involving divine intervention. Mothering these children has been seen as part of a larger plan (*"Absolutely, he was meant to be. There is no other...he fits in, if you see him he looks exactly like my other kids..."*).

As participants spoke of the process of adopting through foster care, it became clear early on in the data collection process that, for these women, the experience of adoption could not be separated from the fostering process leading up to the adoption itself. And, while mothering their children was a source of great joy, the road to adoption was marked by significant and unanticipated pain.

Painful Emotional Process The second major finding of this study is that the women adopting through the foster care system experienced significant emotional pain throughout the process leading to adoption. This was related primarily, to the perceived lack recognition of participants' deep emotional connection to their children and their role as parents. While these women began their mothering of these children assuming that they would likely be with them only temporarily and without the authority of legal parenthood, they ultimately developed a deep emotional bond with the child and a strong sense of themselves as a mother to that child. The emotional bond along with the ambiguity of their legal status and uncertainty of the future created a dissonance for participants which resulted in significant emotional pain.

The pain associated with the fostering and adoption process emerged in two primary areas: the frustration and anger from the treatment of the foster care system and the grief associated with the loss or potential loss of the child back to the system or to the birth family. Much of the pain experienced by the participants resulted from being a parent to their child, including the day to day responsibility of raising the child and the deep emotional attachment to the child, without the legal authority or recognition by the foster care system of their role as the primary caretakers of the children.

Frustration and anger with the foster care system and its personnel focused on two areas: lack of recognition of the parenting role of foster parents and perceived incompetence or insensitivity of child welfare professionals. Perceived lack of recognition emerged in three areas: feeling treated as a commodity (*"But as a foster parent, you're powerless. You're a paid babysitter as far as they're concerned."*); lack of sharing information (*"They don't explain it. That's the way this one dealt with it. It's, 'I can't tell you that, it's none of your business'."*); and lack of formal legal standing (*"It's their child it's not your child. You do everything but you can't make the decisions."*). Perceived incompetence and insensitivity of child welfare professionals focused three

groups: caseworkers who were often seen as adversarial or unavailable (*“if you show too much love to that child, they can pull that child thinking that you are going to disrupt the reunification process... say what you have to say but don’t show too much emotion... Don’t show too much to the caseworker”*); law guardians who often seemed to disregard foster parents (*“...the judge says ‘Who are you and why are you here?’ and the law guardian says ‘I don’t know who she is.’ Now that person should have met me long ago. They should be talking to me and asking me...I should be one of the first people she knows”*) and judges who seemed to have little regard for foster parent input into a child’s disposition (*“It...it’s a lousy kind of a pull because you do feel like you’re the parent when you are doing all of the things that the parents are supposed to do and ... you go in to court and you sit there...but they don’t let you in”*).

Nowhere was the evidence of the challenges of adopting a child through the foster care system more poignant than in the stories of grief and loss told by these mothers.

Participants were unprepared for both the depth of feeling they would have for the child in their care and the grief they experienced at the thought of losing a child or the actual loss of a child back to the system or the biological family. This has been referred to as “disenfranchised grief, grief that can not be publicly validated or openly mourned” (Edelstein, Burge, & Waterman, 2001, p. 17). Their grief was exacerbated by their unanimous belief that their emotional connection to the child (and their perception of the child’s emotional attachment to them) was neither acknowledged nor supported by the caseworkers and the community, nor was it considered by the courts when deciding on the future of the child.

Emotional pain connected to the actual or potential loss of the child emerged in three areas: the emotional pain of the mothers’ loss (*“And now I know what people go through when their child dies, because that’s what it feels like...that was the worst. It’s like grief...I was mourning, horrible...it was the worst.”*); concern for the child (*“when you hear the histories of some of these cases, you just...deep down inside, you know they can’t go back because you are so terrified that you are going to read about it in the paper that something horrible happened to this child”*) and the mothers’ ineffective coping strategies, particularly unsuccessful attempts to distance oneself emotionally from a child (*“And you really try to put that wall up, you try...I really tried, you know, it’s almost impossible...but even with these kids, I thought they were going home, and I tried to keep it at bay...”*).

The primary findings of this study can be explained by identity theory (see figure 1) which suggests that identity is “a set of meanings applied to the self in a social role or situation defining what it means to be who one is” (Burke, 1991, p. 837). Identity is established and maintained through a continuous process in which the meanings associated with a particular role (*the standard*) is compared with *input* from the environment, and results in a behavior (*the output*). The process typically produces

continuing verification of self with relatively minor and automatic behavioral adjustments occurring in order to maintain a sense of consistency between one's standard and input from others. The more a person is committed to an identity, quantitatively (i.e. the number of people one is tied to through that identity) and qualitatively (i.e., the depth of ties to others around that identity), the more "salient" or prominent that identity is for that person (Stets & Burke, 2000, p. 230). As long as input from the environment is congruent with the identity standard, self-esteem and self-efficacy increase through performing a role well (Burke, 1991). Experiences or interactions with another which does not verify one's self-perception in significant ways, can negatively impact identity. When the process of identity formation is interrupted, for example, by feedback from another which is not consistent with one's self-perceived identity, distress may result; repeated interruption or interruption of a salient aspect of one's identity, can lead to significant distress (Burke, 1991; Large & Marcussen, 2000, Marcussen, 2006). Yet, meaning and associated behaviors can be controlled by others through imposition of "counter identities" when the social structure is such that one party is in a greater position of power (Cast, 2003, p. 197). Figure 1 presents the model of identity verification and interruption for mothers adopting through foster care.

The first finding of this study that mothering children adopted through the foster care system brought participants great satisfaction resulted from the on-going verification of their identity as mother that came about through the opportunities to do what they loved most to do, caring for their children. Participants' perceptions of themselves as *mothers* were supported by interactions with the children they cared for as well as some aspects of participants' interaction with the foster care system.

Mothering was conceptualized by participants as a perception of "sameness" (or a lack of differentiating adopted from biological children) as well as nurturing and altruism, expressed through associated activities, both caretaking and advocacy on behalf of their children. While these activities may be intrinsic to all mothering, the expression of both, through their behavior, appeared particularly salient for participants. It is, perhaps, the combination of these two aspects of their identity as mothers that makes the experience of mothering children adopted through foster care so satisfactory for these mothers.

The second finding suggests that while participants' primary identity as mothers contributed to their great satisfaction in mothering their children, it also placed their sense of identity in a vulnerable position in relation to the foster care system. The perceived lack of acknowledgement of their identity as mothers, as well as lack of respect and inclusion in decision making led to a threat to their identities as mothers. Despite the promise of working in partnership with foster care personnel, participants often felt that their identity as mothers was challenged in day to day interactions with caseworkers, law guardians and family court judges leading to repeated interruptions of identity. The foster

care system, in its perceived position of power over participants' lives, imposed a counter-identity of "care provider" thereby threatening the identity as "mother" and resulted in significant emotional distress.

The issues of identity and distress, experienced by participants, exist on several levels including interactions with foster care personnel, agency policy and practices and federal policy. This experience occurred in a larger social context which often relegates women to positions of powerlessness, devalues the mothering role and places primacy on biological relationships. The policies and programs of the child welfare system, reflective of the larger social context, were also reported to negatively impact participants' daily lives as mothers leaving them to feel anxious and powerless. These policies and programs have their origins in two primary social issues, both marked by conflict and debate: the primacy of biology in our culture's concept of family and gender and its implication for mothering. These women were clearly caught in the "intersection" of two highly charged social issues (Berger & Shechter, 1989).

Biases against adoption as an avenue to family formation are evident in public and scholarly perceptions, and negatively impact the legal system leading to policies and practices which contribute to the pain experienced by participants (Ballou, et al, 2001). The development and implementation of child welfare policy is deeply influenced by the notion of authentic parenthood as determined in American culture primarily by blood-ties (Hamilton, et al, 2007; Lansford, et al, 2001; Leon, 2002; March & Miall, 2006; Wegar, 2000) with adoption seen as a "second best" option (March & Miall, 2006; Wegar, 2000; Miall, 1987). Although the minority in our society, the two-biological/gender parent household where mothering occurs full-time continues to be viewed as most beneficial to children's well-being (Hamilton, et al, 2007; Lansford, et al, 2001) and remains the standard for studying "deviant" mothering, including minority mothers, single mothers, immigrant and lesbian mothers (Arendell, 2000). The commodification of mothering by licensing and paying foster parents, further negates the value of emotional ties that develop through mothering by prohibiting foster parents from legal standing in custody cases "no matter how long-lasting or deep the ties between foster parents and children" based in part on the "usual understanding of "family" as implying biological relationships.."(UO/AHP, *Smith v. Offer*). Ultimately, the satisfaction participants experienced in mothering their children was challenged by frequent reminders by the system and its representatives, that the legitimacy of their identity as mothers is tenuous and often comes at a great emotional cost.

Utility for Social Work Practice

Recognition of the deep and enduring bond foster mothers experience with the children in their care suggests a paradigm shift which views women who adopt through

foster care as clients who bring both needs and strengths to the experience rather than service providers. There are a number of ways this can be addressed through intervention, at both the direct practice and agency levels. Ongoing recognition and expression by caseworkers of the importance of the role mothers play in providing the children with a steady and nurturing presence is important. That, along with acknowledgment of their parenting expertise, not only parenting in general, but foster mothers' familiarity with the specific children they are raising may be helpful in lessening the emotional pain suffered by these mothers.

Preparation of women who begin the process of fostering must go beyond the area of potential behavioral issues addressed in MAPP classes to include preparation for handling the complex emotional relationships that are likely to develop with the children. Caseworkers need to help mothers develop strategies to express and address issues that impact their emotional response including relationships with birth families and the anxiety associated with the ongoing fear of losing a child back to the system. Caseworkers must be trained to assess for signs of grief and mourning, offering individual, family or group counseling and support when indicated. For those that do have to send a child to another foster home or to return to the birth family, grief counseling is appropriate. Should reunification with the birth family be necessary, allowing adequate time and preparation for transitions from foster homes is essential for the well-being of foster mothers and their children.

Providing foster parents with a "clear, written roadmap of the process" is essential to secure smoother relationships between all parties and to minimize confusing and potentially alienating interactions (Katz, 2005, p. 5). This, along with open and ongoing communication about the status of issues that impact the ultimate disposition of the child, (such as biological parents' compliance with treatment plans) can enable foster mothers to better plan for their children's care and prepare themselves emotionally for the often unpredictable process of fostering a child they hope to adopt.

These changes will require changes on the agency level as well. It is important create training for staff development and supervision that help caseworkers' develop an understanding of the emotional impact the foster adopt process has on mothers. Greater inclusion of input from foster/adopt mothers about the child's needs should be a regular aspect of case management including making recommendations for children's placement or disposition. Agency practices, which prohibit or discourage caseworkers from sharing information with adoptive mothers, should be changed to be in accordance with state guidelines and caseworkers' visitation to foster homes on a regular and predictable schedule, can allow caseworkers to be more accessible to foster/adoptive mothers. This may require addressing the significant turnover rate of caseworkers by increasing salaries and decreasing caseloads, or at minimum, creating a mechanism for more effective transitions between case workers. Ties of mothers with the organizations that educate and

support foster and adoptive mothers must be strengthened allowing caseworkers and parents to work effectively together and avoid the perception of each as adversaries. In foster adoption mothering, where so much of women's actions are impacted by these systems, politics is truly personal.

Figure 1: Identity Verification/Interruption for Mothers Adopting Through Foster Care

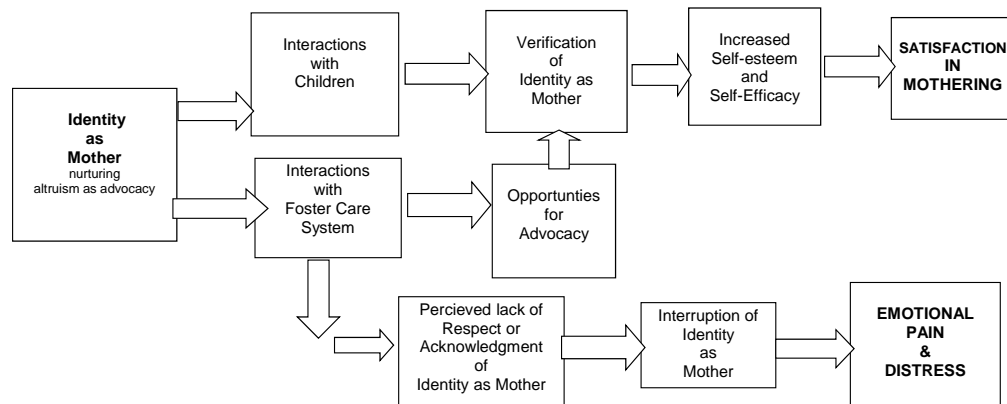


Figure 1: As indicated in Figure 1, the interaction of mothers with their children verified their *identity as mother* which led to increased self-esteem and self-efficacy, resulting in great satisfaction in mothering their children. While participants' identity as mother was, at times, verified through their advocacy with the foster care system on behalf of their children, identity was frequently interrupted as a result of the perceived lack of respect or acknowledgement of identity as mother by the foster care system. This resulted in significant emotional pain and distress for participants.

APPENDIX I**TABLE 1****TABLE OF PARTICIPANTS**

<i>Name</i>	<i>Age</i>	<i>Marital Status</i>	<i>Ethnicity</i>	<i>Annual Income</i>	<i># of Children Adopted Through Foster Care</i>	<i>Total Number of Children</i>	<i>Education Level</i>	<i># of Years in Foster Care</i>
Evelyn L.	50	M	C	X	2	6	College +	10
Shelly H.	49	M	C	100,000	8	15	College +	15
Jann R.	40	S	C	42,000	1	1	H.S.	2.5
Helen W.	47	M	C	85,000	2	5	College	10
Janet W.	54	M	C	70,000	3	7	H.S.	23
Julia T.	65	W	C	60,000	7	9	Masters	33
Cindy B.	41	M	C	100,000	5	5	H.S.	6
Cynthia S.	62	W	A.A.	70,000	3	5	H.S. +	22
Josephine L.	44	S	W	75,000	1	1	College	3
Bettina H.	49	M	W	160,000	1	2	H.S. +	13
Juanita A.	49	D	H	30,000	2	4	H.S. +	15
Samantha D.	52	M	C	58,000	2	4	H.S. + Assoc.	21
Barbara B.	50	M	C	130,000	6	9	H.S. + Assoc.	9
Terri D.	50	M	C	90,000	5	8	H.S.	X
Amy W.	53	M	C	64,000	5	10	H.S.	7
Cathy T.	45	M	C	100,000	2	3	H.S. +	6
Susan R.	46	M	C	100,000	2	6	College	5
Gail W.	41	M	C	100,000	1	4	College	6
Ellen L.	41	M	C	50,000	1	1	H.S. + Assoc.	3
<i>Mean</i>	<i>48.8</i>	<i>x</i>	<i>x</i>	<i>82,444</i>	<i>3.1</i>	<i>5.5</i>	<i>x</i>	<i>11.7</i>
<i>Standard Deviation</i>	<i>6.7</i>	<i>x</i>	<i>x</i>	<i>31,740</i>	<i>2.2</i>	<i>3.6</i>	<i>x</i>	<i>8.4</i>

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